

Costs to treat stroke in America may double by 2030

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Costs to treat stroke are projected to more than double and the number of people having strokes may increase 20 percent by 2030, according to the American Heart Association/American Stroke Association.

In a statement published in *Stroke*, an [American Heart Association](#) journal, the association cites the aging U.S. population as the main reason for the increases and predicts that by 2030:

- Almost 4 percent of U.S. adults—nearly one in 25—will have a stroke. This translates into an additional 3.4 million people with stroke in 2030.
- Costs to treat stroke may increase from \$71.55 billion in 2010 to \$183.13 billion.
- Annual costs due to lost productivity could rise from \$33.65 billion to \$56.54 billion.
- Americans currently 45-64 years old are expected to have the highest increase in stroke at 5.1 percent.
- Stroke prevalence is projected to increase the most among [Hispanic men](#) between now and 2030, and the cost of treating stroke in [Hispanic women](#) is expected to triple.

"Strokes will absolutely strain the [healthcare system](#)," said Bruce Ovbiagele, M.D., M.Sc., professor and chairman of the Department of Neurology at the Medical University of South Carolina, Charleston.

Caring for survivors is expensive because stroke can cause long-term disability, he said.

"Ninety percent of [stroke patients](#) have residual disability and only 10 percent recover completely after a stroke," Ovbiagele said. "Policy makers at all levels of governance should be aware of this looming crisis so that we can consider practical ways to avert it."

The fourth leading cause of death and one of the top causes of preventable disability in the United States, stroke occurs when blood flow to the brain is interrupted by a blood clot or a bleeding vessel. Without oxygen-rich blood, [brain cells](#) die.

"Getting patients specialized acute [stroke care](#) as soon as possible is critical. During every minute of delayed treatment, brain cells are dying. EMS systems nationwide should take patients directly to a designated stroke center equipped to quickly diagnose and administer drugs to restore blood flow to the brain," Ovbiagele said.

Hispanics and blacks have a higher rate of stroke incidences and worse outcomes, and individuals without insurance have a 24 percent to 56 percent higher risk of death from stroke than those with insurance coverage, the statement said.

Stroke rates are particularly high among people 45-64, who are too young to receive Medicare, less able to afford medications and more likely to have diabetes and obesity, compared to older stroke survivors, Ovbiagele said.

The Affordable Care Act is expected to expand insurance coverage to an additional 32 million Americans and to increase emphasis on prevention and wellness. These types of policy changes should help reduce the number of strokes, deaths and related costs when the law is fully

implemented in 2014. For example:

- 86 million Americans have already gained access to free preventive screenings and services, such as high blood pressure and cholesterol screening and tobacco cessation services, through Medicare and most private health plans.
- Expanding access to insurance coverage should improve access to primary care and the medications needed to control risk factors and help prevent stroke and to improve access to [acute stroke](#) treatment for those who were previously uninsured.

Provided by American Heart Association

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